

2014
SF-1040 Individual

Your Social Security Number	Spouse's Social Security Number	Mail to: City of Springfield Income Tax Department 601 Avenue A Springfield MI 49037-7774 Individual Return Due April 30, 2015
First Name and Initial	Last Name	
If Joint, Spouse's First Name and Initial	Last Name	
Mailing Address (If using a PO Box you must also list your physical home address)		
City / Town	State	Zip Code
Name and address used on 2013 return. If same as above, type "Same" if no return filled, explain:		RESIDENCY STATUS <input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT <input type="checkbox"/> PART-YEAR RESIDENT
		FILING STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED FILING JOINTLY <input type="checkbox"/> MARRIED FILING SEPARATELY
		* IF MARRIED FILING SEPARATELY, SPOUSE'S NAME AND SOCIAL SECURITY NUMBER
		EXEMPTIONS Total number of exemptions (from pg 2)

	INCOME	Please round all numbers
ATTACH COPY OF PAGE 1 OF FEDERAL RETURN	1. Wages, salaries, tips, etc.	1.
	2. Taxable interest.	2.
	3. Ordinary dividends.	3.
	4. Taxable refunds, credits or offsets.	4.
	5. Alimony received.	5.
	6. Business income. Attach federal Schedule C, pg 1 & 2	6.
	7. Capital gains or losses. Attach federal Schedule D <input type="checkbox"/> Check if schedule is not required	7.
	8. Other gains or losses. Attach federal Form 4797	8.
	9. Taxable IRA distributions.	9.
	10. Taxable pension distributions. Attach copy of Form 1099-R	10.
	11. Rental real estate, royalties, partnerships, trusts, etc. Attach federal Schedule E(s)	11.
	12. Subchapter S corporation distributions. Attach federal Schedule K-1	12.
	13. Farm income or loss. Attach federal Schedule F	13.
	14. Unemployment compensation.	14.
	15. Social security benefits.	15.
	16. Other income. Attach statement listing type and amount	16.
	17. Total income. Add lines 1 through 16.	17.
DEDUCTIONS See instructions. Deductions must be allocated on the same basis as related income.		
ATTACH W-2 & 1099-R FORMS HERE	18. Individual Retirement Account deduction. Attach pg 1 of federal return & evidence of payment	18.
	19. Self-employed SEP, SIMPLE and qualified plans. Attach pg 1 of federal return	19.
	20. Employee business expenses. See instructions	20.
	21. Moving expenses into Springfield only. Attach federal Form 3903	21.
	22. Alimony paid. Do not include child support Attach pg 1 of federal return	22.
	23. Other, explain.	23.
	24. Total deductions. Add lines 18 through 23	24.
	25. Total income after deductions. Subtract line 24 from line 17	25.
	26. Amount from exemptions page 8. Number of exemptions _____ × \$750.00	26.
	27. Total income subject to tax. Subtract line 26 from line 25	27.
	28. MULTIPLY LINE 27 BY YOUR TAX RATE, RES.= 1% (.01), NON-RES.= 1/2% (.005), PART YEAR RES. ATTACH SF SCH PY PG 9 & 10	28.
PAYMENTS AND CREDITS		
ATTACH CHECK OR MONEY ORDER HERE	29. Tax withheld by your employer. W-2 forms showing Springfield tax withheld must be attached	29.
	30. Payments on 2014 Declaration of Estimated Income Tax, payments with an extension and carry forward credits. Credit for tax paid to another city and for tax paid by a partnership.	30.
	31. Copy of other cities tax return must be attached for credit (Worksheet on pg 3)	31.
	32. Total payments and credits. Add lines 29 through 31	32.
TAX DUE	33. If tax (line 28) is larger than payments (line 32) you owe tax. PAY WITH RETURN >>>	33.
CREDIT TO 2015	34. If payments (line 32) are larger than tax (line 28) enter overpayment to be credited forward to 2015	34.
REFUND CHECK	35. If payments (line 32) are larger than tax (line 28) enter overpayment to be refunded via a refund check.	35.
DIRECT DEPOSIT	36. If payments (line 32) are larger than tax (line 28) enter overpayment to be refunded via direct deposit .	36.
ELECTRONIC REFUND OR PAYMENT INFORMATION	36 A. Mark one: <input type="checkbox"/> Refund-direct deposit <input type="checkbox"/> Pay tax due-electronic funds withdrawal ▶ Effective date: _____ (if blank default is date return processed)	
	36 B. Routing number: _____	
	36 C. Account number: _____	
	36 D. Type of Account: CHECKING SAVINGS	

EXEMPTIONS & DEPENDENTS SCHEDULE

	Date of Birth	Regular	65 & over	Blind	Deaf	Perm. Disabled Para-/Hemi- Quadriplegic	
You	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spouse	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

First Name	Last Name	Social Security Number	Relationship	Date of Birth

Box A - Number of boxes checked	<input type="text"/>
Box B - Number of dependents you claimed on your federal return (list to the left)	<input type="text"/>
Box C - Total exemptions. (Box A and B)	<input type="text"/>

SCHEDULE SF-W2 - FOR FORM SF-1040 LINE 1

EMPLOYER 1	<i>Check here if for spouse</i> <input type="checkbox"/>	Total wages (W-2, box 1)	EMPLOYER 4	<i>Check here if for spouse</i> <input type="checkbox"/>	Total wages (W-2, box 1)
Employer's name			Employer's name		
Address of actual work station			Address of actual work station		
Dates of employment	From _____ To _____		Dates of employment	From _____ To _____	
EMPLOYER 2	<i>Check here if for spouse</i> <input type="checkbox"/>		EMPLOYER 5	<i>Check here if for spouse</i> <input type="checkbox"/>	
Employer's name			Employer's name		
Address of actual work station			Address of actual work station		
Dates of employment	From _____ To _____		Dates of employment	From _____ To _____	
EMPLOYER 3	<i>Check here if for spouse</i> <input type="checkbox"/>		EMPLOYER 6	<i>Check here if for spouse</i> <input type="checkbox"/>	
Employer's name			Employer's name		
Address of actual work station			Address of actual work station		
Dates of employment	From _____ To _____		Dates of employment	From _____ To _____	

TO PAY BY CREDIT CARD FILL IN BELOW ELECTRONIC FUNDS WITHDRAWAL (SEE BOTTOM OF PG 1)

Master Card Visa

Total \$ _____

Card Number: _____

Exp. Date: _____
Month Year

Signature: _____

THIRD PARTY DESIGNEE

Do you want to allow another person to discuss this return with the Income Tax Department? Yes No If yes, complete the following:

Designee's Name	Phone No.	Personal identification number (PIN)
-----------------	-----------	--------------------------------------

PLEASE SIGN YOUR RETURN BELOW

If joint return, both husband and wife must sign.

I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the preparer's declaration is based on all information of which he/she has any knowledge.

====> X	Date	X	Date
SIGN HERE	TAXPAYER'S SIGNATURE	SIGNATURE OF PREPARER OTHER THAN TAXPAYER	
	Occupation:	PREPARER'S ADDRESS	
====> X	SPOUSE'S SIGNATURE	PREPARER'S PHONE NUMBER	
	Date		

MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF SPRINGFIELD MAIL TO: CITY INCOME TAX DEPARTMENT, 601 AVENUE A, SPRINGFIELD, MI 49037-7774

Attach this sheet to the SF-1040 Form

SF-1040 FORM, NONRESIDENT WAGE ALLOCATION

This schedule to be completed by nonresidents who performed part of their services in Springfield and the other part outside of the City of Springfield on the same job. (When husband and wife both have income subject to allocation figure separately.)

	YOURSELF	SPOUSE
A. Total income subject to allocation from W-2(s)	A. \$ _____	A. \$ _____
B. Figure percentage of wages earned in Springfield	B. _____ %	B. _____ %
1. Total number of days worked everywhere in 2014.	1. _____	1. _____
2. Actual number of days worked in Springfield* *ATTACH STATEMENT FROM YOUR EMPLOYER - REQUIRED	2. _____	2. _____
3. Divide line 2 by line 1, enter percentage on line B.		
C. Multiply line A by percentage on line B	C. _____	C. _____
D. Add all other W-2 income earned in Springfield not allocated.	D. _____	D. _____
E. Total income subject to Springfield tax. (Add C and D) Enter on SF-1040 form, line 1, in the taxable to Springfield column.	E. _____	E. _____

BUSINESS ALLOCATION - NONRESIDENTS ONLY

This schedule applies to nonresidents who conducted business in the City of Springfield.

A. Total income from business or profession.	A. \$ _____
B. Percentage earned in Springfield. (Attach federal Schedule C)	B. _____ %
C. Multiply line A by percentage on line B. (Enter on SF-1040, line 6, Springfield column)	C. _____

CREDIT FOR TAX PAID TO ANOTHER CITY

Worksheet for SF-1040 form line 31 - Residents and Part-year residents only

Residents and Part-year residents may claim the credit for tax paid to another city only on the portion of income earned while a resident of Springfield.

CALCULATION FOR CREDIT Residents or Part-year residents of Springfield only.	COLUMN A Springfield resident income	COLUMN B Other taxing city
1. Identical income - taxable in both cities	\$	\$
2. Exemptions per city's return		
3. Taxable income for credit-Subtract line 2 from line 1 in column A and column B.		
4. Each city's nonresident tax rate	.005 (1/2%)	
5. Multiply line 3 by line 4 in column A and in column B		
6. CREDIT ALLOWED Enter the smaller of line 5, Column A or B.		